

## **Frequently Asked Questions Follow-Up to Technical Workgroup Meeting**

1. **Question.** Does the new reporting requirement document result in the duplication of data being submitted? For instance, the NAIC # is being submitted with the carrier information and the network information.

**Answer.** To uniquely identify provider networks, our offices require that the network information be connected to the carrier. This allows tracking over longer timeframes where carrier names or networks could change. Therefore, the network information would be submitted as NAIC#\_Network\_name. Networks can then be tracked on a separate basis than the carriers' submission of participating providers.

2. **Question.** If a provider's employer identification number (EIN) is actually the doctor's social security number, will the submission be HIPAA compliant? What will happen with records where the business and the provider EIN are the same?

**Answer.** HIPAA only applies to the member's confidentiality and identification. The regulations do not address the issue of a provider using a social security number as an identifier. However, box 25 of the CMS 1500 claim form allows the provider's EIN to be entered. The Internal Revenue Service has a simple process to obtain an EIN.

By simply completing and submitting the SS-4 form, a provider can easily have an EIN number issued in their name. See the attached link for a copy <http://www.irs.gov/pub/irs-pdf/fss4.pdf>. This process will also reduce the chance that lost claims or paperwork will contain the provider's social security number yet provide a mechanism that allows the provider to be clearly identified for reimbursement purposes.

Because providers may have more than a single license and our offices are required to verify network adequacy, it is necessary to have a unique provider identifier. Due to the requirement that filings be open to the public for inspection, our offices are now requiring EIN numbers be listed for providers.

3. **Question.** How will your offices be able to accept records for providers who are not required to have a license?

**Answer.** For those providers, such as audiologists, mental health practitioners, physical therapists, etc, please use provider type 9. This provider type is for providers that the Department of Health does not license. (IPND is working to address this issue in their databases.)

4. **Question.** Please clarify the use of the “ProvidesPediatricCare” field?

**Answer.** Line number 28 asks if the provider provides pediatric care. This may include a pediatrician or a family practice provider who provides pediatric care, however, it is up to the carrier to define if its providers treat pediatric patients.

5. **Question.** Can you specify exactly what we need in each field so that programming staff can accommodate it?

**Answer.** The Provider Network Form A and Integrated Provider Network Database table defines what data should be reported. Attached to the information distributed at our recent meeting was an example of a sample record. The information contained in the record will change based on content. The data field position will not change. If a field is not required, commas will still be required to identify the position of the field. Simply deleting fields because they may not be populated will create a file rejection.

6. **Question.** HIPAA requires us to use encryption. What encryption method is accepted?

**Answer.** HIPAA regulates health information for covered members, it does not regulate provider information. And, all filings with the exception of rates are open to public disclosure. Our offices are also required to verify network adequacy and ensure that covered members have access to health professional. Therefore, due to the public disclosure requirements, our offices will not be able to accept encrypted data as it is required to be available to the public.

7. **Question.** Currently, some plans only credential every three years. Requiring correction of license numbers is difficult for them because the plans do not credential very often. What can be done to make it easier for these plans? Can your offices send the carriers a more complete copy of the Department of Health file to support the carriers' efforts in meeting our reporting requirements?

**Answer.** Our offices are currently working with the Department of Health to determine what data can be shared with carriers on this issue. Please note, however, that it is the carriers' responsibility to verify its own data including providers' licenses.

8. **Question.** Our offices submit data in several formats including upper case and sentence case. Is there a preferred format?

**Answer.** Originally, our offices requested data be capitalized because that is the correct postal format for mailing purposes. Several carriers questioned why our offices could not simply change the data from capitalization to sentence case. Because of this request, we will eliminate the requirement for capitalization but will require consistency of submitted data. Please verify that when data is submitted, it does not contain data for the same provider in upper case as one record then an identical record in sentence case. This example of duplicate records has occurred in past data submissions.

9. **Question.** When can our data be tested?

**Answer.** Our offices are currently testing data now. If you want to test your data, please let us know. We ask that all carriers submit test files by October 5, 2003. *(Please note that submission of test files is not lieu of submission of your normal monthly provider database.)*